## MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to <a href="MarshH@michigan.gov">MarshH@michigan.gov</a>.

CHECK THE APPROPRIATE	BOX:				
For Profit Company Organization	Local School D	istrict	Community-Base	sed	
Non-Profit Organization	Public School A	cademy	Private School		
Institution of Higher Education	<del>-</del>	Intermediate School District Faith-Based			
Organization					
Section 1: Provider Identificat	tion				
Name of Entity Amicus II, Inc					
Name of Director <u>David Booke</u>	er				
Address <u>P.O. Box 14516</u> 48214		City <u>Detroit</u>	State <u>MI</u>	_ <b>Z</b> ip	
Phone <u>313.865.1700 / 1877-26</u> 4-2 amicus2@att.net	28 <u>70 Toll Free</u>	Fax 31 <u>3.865</u>	.1711 Email		
<b>Proposed Location of Services</b>	s (if different from abo	ve):			
Address 21 Highland Avenue		City Highland Park			
	;	State MI	Zip 48203		
If different from Director: Name of Contact Person					
Address		City	State	_ Zip	
PhoneFar	x	_ Email			
Section 2: Provider Geograph	ic Service Area Infor	mation			
1. Our organization can provi	de services to:				
All local school districts	s/PSAs in Michigan: Y	es No			

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)		
<b>2. Proposed Location of Services</b> – Provide addresses for the locations where you plan to deliver SES services to students:		
Site Location #1: 17 Highland, Highland Park MI 48203		
Site Location #2: 10213 Hamilton, Detroit, MI 48203		
Site Location #3: 3201 Fenton Road, Flint MI 48507		
3. Transportation – Provide information about accessibility to public transportation from your site:		
4. Indicate if you are willing to provide services to eligible students at the school site:  Yes No Section 3: Provider Academic/Instructional Program Information		
1. Subject Areas Covered – List all subject areas you address in working with students:		
Reading		
Mathematics		
<b>2. Grade Level Able to Serve</b> – Indicate the grade levels you are able to serve: K-12		
<b>3. Time of Services</b> – Indicate when you deliver services to students:		
☐ Before School ☐ After School ☐ Weekends ☐ Summer ☐ Other		
<b>4. Mode of Instructional Delivery</b> – Describe the methods by which your program delivers		
instruction to students:		

Instruction				
Online Web-Based	Other			
5. Schedule of Services – Indi	cate the length of each tutoring session and number of sessions			
per week:				
Length of Session 1-2 hours	per session Number of Sessions per Week 3-2 hours			
sessions per week or 4-1 hour per week.				
<b>6. Staffing</b> – Indicate the type(	(s) of staff that provide instruction to students:			
<b>x</b> Certified Teachers P	Paraprofessionals			
7. Special Populations Served	<b>1</b> – Indicate special populations you are able to serve:			
☐ Special Education ☐	Limited English Proficient  Other			
Section 4: Provider Fees				
Cost/Fee Structure – Check a	and complete the cost/fee structure you use:			
\$50 per hour (unit of time, e.g., hour, week, etc.) per student.				
\$ (flat fee) for	(unit of time, e.g., month, semester, year) per student.			